

Application Data Sheet

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	0
Number of Copies of CDs::	0
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	GUARD MECHANISM ATTACHABLE TO STANDARD SYRINGE TO TRANSFORM IT INTO A SAFETY SYRINGE
Attorney Docket Number::	2504-1163
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	4
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: SERGIO  
Middle Name::  
Family Name:: RESTELLI  
Name Suffix::  
City of Residence:: ROMA  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing VIA QUARTO PEPERINO, 333B  
Address::  
City of Mailing Address:: ROMA  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: 00100

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: NARDINO  
Middle Name::  
Family Name:: RIGHI  
Name Suffix::  
City of Residence:: MILANO  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing VIA CAVOUR, 7  
Address::  
City of Mailing Address:: MILANO

State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: 20047

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: ROBERTO  
Middle Name::  
Family Name:: ROSSI  
Name Suffix::  
City of Residence:: MILANO  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing Address:: VIA DELLE ANDE, 10  
City of Mailing Address:: MILANO  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: 20151

**Correspondence Information**

Correspondence Customer Number:: 00466

**Representative Information**

Representative Customer Number::	00466
----------------------------------	-------

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/IT2002/000730	11/18/02

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::